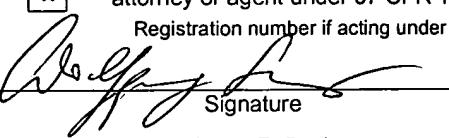




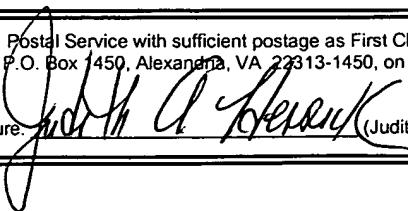
PTO/SB/22 (12-04)

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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005</b> (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) <b>SMCY-P02-098</b>		
Application Number <b>10/688852</b>		Filed <b>October 15, 2003</b>		
For <b>STRANDED MATTRESS SPRING</b>				
Art Unit <b>3673</b>		Examiner <b>SANTOS, Robert G.</b>		
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.				
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):				
<b>01 FC:1252</b>  <b>01/31/2005</b> <b>MBIZINES</b> <b>0000015215</b> <b>10/688852</b>	<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	<b>\$120</b>	<b>\$60</b>	<b>\$</b>
	<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	<b>\$450</b>	<b>\$225</b>	<b>\$ 450.00</b>
	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	<b>\$1020</b>	<b>\$510</b>	<b>\$</b>
	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	<b>\$1590</b>	<b>\$795</b>	<b>\$</b>
	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	<b>\$2160</b>	<b>\$1080</b>	<b>\$</b>
	Applicant claims small entity status. See 37 CFR 1.27.			
<input type="checkbox"/> A check in the amount of the fee is enclosed.				
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.				
<input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.				
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>18-1945</u> . I have enclosed a duplicate copy of this sheet.				
I am the <input type="checkbox"/> applicant/inventor.				
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).				
<input type="checkbox"/> attorney or agent of record. Registration Number _____				
<input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 <u>40,256</u>				
 <u>Wolfgang E. Stutius</u> Typed or printed name				
Date <u>January 26, 2005</u>				
Telephone Number <u>(617) 951-7681</u>				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.				
<input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.				

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: January 26, 2005Signature:   
(Judith A. Herrick)